



PROVINCIAL TEAM - COACH APPLICATION FORM

2018 Special Olympics Canada National Summer Games – Nova Scotia
- July 31, 2018 – August 4th 2018

POSITION APPLYING FOR:

HEAD COACH

Should I not be selected as the Head Coach I would like to have my application considered for other coaching positions.

- Yes, please consider my application when selecting alternate coach positions
- No, I do not wish to have this application considered for an alternate coach position

SPORT: Athletics Bocce Bowling* (Stand alone event in Charlottetown PEI June 2018)
 Golf Powerlifting Rhythmic Gymnastics Soccer Swimming

Name: _____ Birth Date: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone (H): _____ Phone (C): _____

Email: _____

COACHING QUALIFICATIONS

- SO Competition Coach (<http://www.coach.ca/special-olympics-p154459>)
- Sport Specific Training (<http://www.coach.ca/sport-specific-training-s16547>)
- “Make Ethical Decisions” Evaluated
- Part A or Part B

Will attend Provincial Qualifier for these National Games in that Sport? Yes No

Have minimum two-program years’ experience as SONL coach before application? Yes No

OTHER QUALIFICATIONS OR RELATED EXPERIENCE: (i.e.: First Aid, CPR, athletic injuries):



ACTIVE COACHING EXPERIENCE:

COACHING (list related experiences both within and outside of Special Olympics at provincial/national/international games/championships; state the sport, # of years and location)

OTHER VOLUNTEER WORK: Please indicate other work/volunteer experiences you have had other than in Special Olympics that may be pertinent.



The qualities that I will bring to the position are:

My reasons for making an application for the Head Coach are:

REFERENCES: Attach 1 letter of reference to this application (mandatory). Please include contact information for the person providing the reference. The letter is to be from someone in your Special Olympics club who is not a family member.

DEADLINE FOR APPLICATION: JUNE 15th 2017

SEND TO:

Mike Daly

Special Olympics Newfoundland & Labrador

87 Elizabeth Ave

St. John's, NL A1B 1R6

miked@sonl.ca OR fax: (709) 738-0119

I hereby certify that the above information is true. If selected, I agree to complete a medical information form.

(Date)

(Signature)